## Form **8871** (July 2000)

For Paperwork Reduction Act Notice, see page 4.

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Form **8871** (7-2000)

Part I **General Information** Employer identification number 52 220460 Michael Name of organization Mailing address (P.O. Box or number, street, and room or suite number) City or town, state, and ZIP code E-mail address of organization 4b Custodian's address 4a Name of custodian of records MacCABE & McGUIRE MAUREN 77 WEST WACKER DRIVE SUITE 3333 5b Contact person's address 5a Name of contact person CHICAGO, IL 60601 312-357-2600 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose Describe the purpose of the organization AUG 0 1 2000 List of All Related Entities (see instructions) <del>OGDEN</del> 8c Address 8a Name of related entity

Cat. No. 30405V

Part IV List of All 9a Name	9b Title	hly Compensated Employees (see instructions)  9c Address
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<u>,                                     </u>		
Under penalties	of perjury, I declare that the organization	named in Part I is to be treated as an organization described in section 527 of the Internal ading accompanying schedules and statements, and to the best of my knowledge and belief,
Revenue Code it is true, correct	and that I have examined this notice, incl it, and complete	uting accompanying schedules and statements, and to the best of my knowledge and belief.
1 H	iletto hune	- 7-28-200r
Sign D	e of authorized official	Date
Sign Designature  Here		
		Form <b>8871</b> (7-2000)